

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

IN THE MATTER OF:	)	Chapter 13
	)	
TANESHA NIXON,	)	Case No.: 15-19413
	)	
Debtor(s).	)	Hon. Judge: BARNES

**NOTICE OF MOTION**

*To the following persons or entities who have been served via electronic mail:*

U.S. Bankruptcy Trustee: USTPRegion11.ES.ECF@usdoj.gov

Marilyn O. Marshall, Chapter 13 Trustee: [barcall@chi13.com](mailto:barcall@chi13.com)

*To the following persons or entities who have been served via U.S. Mail:*

See attached list.

Please take notice that I shall appear before the following named Bankruptcy Judge, or any other Judge presiding in his stead at 219 S. Dearborn Street, Chicago, IL 60604, and in the following courtroom (or any other place posted), and present the attached **Motion to Modify Chapter 13 Plan**, at which time and place you may appear.

JUDGE: BARNES  
ROOM: 744  
DATE: June 1, 2017  
TIME: 10:00 AM

**PROOF OF SERVICE**

A copy of this Notice of Motion and attachments were deposited at the United States Post Office, Wheeling, Illinois, 60090, with sufficient postage prepaid, by Michael R. Colter, II, or served electronically by the bankruptcy court, under oath and under all penalties of perjury.

DATE OF SERVICE: May 11, 2017

/s/ Michael R. Colter, II

Michael R. Colter, II, A.R.D.C. #6304675

Attorney for the Debtor(s)  
DAVID M. SIEGEL & ASSOCIATES  
790 Chaddick Drive  
Wheeling, IL 60090  
847/520-8100

*To the following persons or entities who have been served via U.S. Mail:*

Tanesha Nixon  
362 Crandon Ave., Apt., 2  
Calumet City, IL 60409

Department Of Education  
P.O. Box 740351  
Atlanta, GA 30374

Internal Revenue Service  
P.O. Box 7317  
Philadelphia, PA 19101

Nicor Gas  
P.O. Box 549  
Aurora, IL 60507

City of Chicago Department of Revenue  
c/o Arnold Scott Harris PC  
111 W. Jackson Blvd., Ste., 600  
Chicago, IL 60604

Commonwealth Edison  
Legal Revenue Recovery/Claims Dept.  
3 Lincoln Center  
Oakbrook Terrace, IL 60181

Educational Credit Management Corp.  
Lockbox 8682  
P.O. Box 16478  
St Paul, MN 55116

Illinois Dept. Employment Security  
Attn: Bankruptcy Dept.  
P.O. Box 4385  
Chicago, IL 60680

Illinois Tollway  
Attn: Legal Dept.  
2700 Ogden Ave.  
Downers Grove, IL 60515

Sprint Corp  
Attn: Bankruptcy Dept  
P.O. Box 3326  
Englewood, CO 80155

Bank of America NA  
800 Market St.  
MO1-800-06-14  
St Louis, MO 63101

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

IN THE MATTER OF:	)	Chapter 13
	)	
TANESHA NIXON,	)	Case No.: 15-19413
	)	
Debtor(s).	)	Hon. Judge: BARNES

**MOTION TO MODIFY CHAPTER 13 PLAN**

NOW COMES the Debtor, TANESHA NIXON, by and through her attorneys, DAVID M. SIEGEL & ASSOC., LLC, to present this Motion, and in support thereof states as follows:

- 1) This Court has jurisdiction pursuant to 28 U.S.C. § 1334 and Internal Operating Procedure 15(a) of the United States District Court for the Northern District of Illinois Eastern Division.
- 2) On June 3, 2015, the Debtor filed a voluntary petition for relief pursuant to Chapter 13 under Title 11 USC and Marilyn O. Marshall was appointed Trustee in the case.
- 3) The confirmed plan provides for monthly payments of \$275.00, with general unsecured creditors receiving no less than 10% of their allowed claims.
- 4) Debtor received a refund of \$5,952.00, for tax year 2015; and, Debtor received a refund of \$4,240.00, for tax year 2016. The total refund for these two years is \$10,192.00.
- 5) Debtor incurred expenses moving to a safer part of Cook County. Debtor paid a total of \$2,330.00, as a security deposit to Kelly Ratcliff which includes the \$1,000.00, deposit to reserve the unit (Exhibit A).
- 6) Debtor also paid \$2,800.00, to purchase a used car (Exhibit B).
- 7) Debtor's total expenses for these extraordinary expenses are \$5,130.00.
- 8) Debtor proposes to defer the default of \$5,062.00 caused by not turning over the refunds to the trustee for tax years 2015 and 2016.

- 9) Debtor also proposes to defer the default in plan payments of \$612.22, to the end of the plan.
- 10) Deferring the default will not cause the confirmed Chapter 13 plan to run longer than 60 months.

WHEREFORE, the Debtor, TANESHA NIXON, prays that this Honorable Court enter an Order to Modify the Chapter 13 Plan, and for other such relief as the Court deems fair and proper.

Respectfully Submitted,

/s/ Michael R. Colter, II

Michael R. Colter, II, A.R.D.C. #6304675  
Attorney for the Debtor

David M. Siegel & Associates, LLC  
790 Chaddick Drive  
Wheeling, IL 60090  
(847) 520-8100

# EXHIBIT A

Form

Department of the Treasury—Internal Revenue Service

Document Page 6 of 13

1040A

U.S. Individual Income Tax Return (99)

2015

IRS Use Only—Do not write or staple in this space.

Your first name and initial <b>TANESHA S</b>		Last name <b>NIXON</b>		OMB No. 1545-0074
If a joint return, spouse's first name and initial		Last name		Your social security number <b>[REDACTED]</b>
				Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

12005 S JUSTINE

Apt. no.

BSMT

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

CHICAGO IL 60643

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
☐ You ☐ Spouse

Foreign country name

Foreign province/state/country

Foreign postal code

## Filing status

Check only one box.

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☒ Head of household (with qualifying person). (See instructions.)  
If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see instructions)

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.b ☐ Spouse

## c Dependents:

If more than six dependents, see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
AHMAD C	NIXON	[REDACTED]	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b 1

No. of children on 6c who:

• lived with you 1

• did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

Dependents on 6c not entered above \_\_\_\_\_

Add numbers on lines above ▶ 2

d Total number of exemptions claimed.

## Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 36,357.

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

8a Taxable interest. Attach Schedule B if required. 8a

b Tax-exempt interest. Do not include on line 8a. 8b

9a Ordinary dividends. Attach Schedule B if required. 9a

b Qualified dividends (see instructions). 9b

10 Capital gain distributions (see instructions). 10

11a IRA distributions. 11a 11b Taxable amount (see instructions). 11b

12a Pensions and annuities. 12a 12b Taxable amount (see instructions). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

14a Social security benefits. 14a 14b Taxable amount (see instructions). 14b

15 Add lines 7 through 14b (far right column). This is your total income. ▶ 15 36,357.

## Adjusted gross income

16 Educator expenses (see instructions). 16

17 IRA deduction (see instructions). 17

18 Student loan interest deduction (see instructions). 18

19 Tuition and fees. Attach Form 8917. 19

20 Add lines 16 through 19. These are your total adjustments. 20

21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ 21 36,357.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040A (2015)

BAA

REV 07/11/16 Intuit.cq.cfp.sp

Form 1040A (2015)

Page 2

<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	36,357.
	<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1951, <input type="checkbox"/> <b>Blind</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1951, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked</b> ▶ <b>23a</b> <input type="checkbox"/>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here ▶ <b>23b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b> • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	<b>24</b>	Enter your <b>standard deduction</b> .	24	9,250.
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	27,107.
	<b>26</b>	<b>Exemptions.</b> Multiply \$4,000 by the number on line 6d.	26	8,000.
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	19,107.
	<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	2,211.
	<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	<b>30</b>	Add lines 28 and 29.	30	2,211.
	<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	720.
	<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32	
	<b>33</b>	Education credits from Form 8863, line 19.	33	1,491.
	<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34	
	<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	0.
	<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	2,211.
	<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	0.
	If you have a qualifying child, attach Schedule EIC.	<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38
<b>39</b>		Add line 37 and line 38. This is your <b>total tax</b> .	39	0.
<b>40</b>		Federal income tax withheld from Forms W-2 and 1099.	40	2,251.
<b>41</b>		2015 estimated tax payments and amount applied from 2014 return.	41	
<b>42a</b>		<b>Earned income credit (EIC).</b>	42a	1,701.
<b>b</b>		Nontaxable combat pay election. <b>42b</b>		
<b>43</b>		Additional child tax credit. Attach Schedule 8812.	43	1,000.
<b>44</b>		American opportunity credit from Form 8863, line 8.	44	1,000.
<b>45</b>		Net premium tax credit. Attach Form 8962.	45	
<b>46</b>		Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	46	5,952.
<b>Refund</b>	<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	5,952.
	<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	5,952.
	<b>b</b>	Routing number [REDACTED] ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number [REDACTED]		
	<b>49</b>	Amount of line 47 you want <b>applied to your 2016 estimated tax</b> .	49	
<b>Amount you owe</b>	<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
	<b>51</b>	Estimated tax penalty (see instructions).	51	

**Third party designee** Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

**Sign here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature Spouse's signature. If a joint return, <b>both</b> must sign.	Date Date	Your occupation <b>SECURITY OFFICER</b> Spouse's occupation	Daytime phone number <b>(708) 600-5928</b> If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
---	--------------	---	--

**Paid preparer use only**

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ <b>Self-Prepared</b>			Firm's EIN ▶	
Firm's address ▶			Phone no.	

<b>1040</b>		Department of the Treasury - Internal Revenue Service (99)		<b>2016</b>		OMB No. 1545-0074		IRS Use Only - Do not write or staple in this space.																										
For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning 2016, ending 20								See separate instructions.																										
Your first name and initial <b>TANESHA S</b>				Last name <b>NIXON</b>		Your social security number [REDACTED]																												
If a joint return, spouse's first name and initial				Last name		Spouse's social security number																												
Home address (number and street). If you have a P.O. box, see instructions. <b>362 CRANDON AVE APT 2</b>						Apt. no.		<b>▲ Make sure the SSN(s) above and on line 6c are correct.</b>  <b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																										
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>CALUMET CITY, IL 60409</b>																																		
Foreign country name		Foreign province/state/county		Foreign postal code																														
<b>Filing Status</b> 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <b>▶</b> 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. <b>▶</b> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																																		
<b>Exemptions</b> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td><b>AHMAD</b></td> <td><b>NIXON</b></td> <td>[REDACTED]</td> <td><b>SON</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>										(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	<b>AHMAD</b>	<b>NIXON</b>	[REDACTED]	<b>SON</b>	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																														
<b>AHMAD</b>	<b>NIXON</b>	[REDACTED]	<b>SON</b>	<input checked="" type="checkbox"/>																														
				<input type="checkbox"/>																														
				<input type="checkbox"/>																														
				<input type="checkbox"/>																														
Boxes checked on 6a and 6b: <b>1</b> No. of children on 6c who: • lived with you <b>1</b> • did not live with you due to divorce or separation (see instructions) <b> </b> Dependents on 6c not entered above <b> </b> Add numbers on lines above <b>▶ 2</b>																																		
<b>d Total number of exemptions claimed</b> <b>2</b>																																		
<b>Income</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 <b>34,603</b> 8a Taxable interest. Attach Schedule B if required <b>8a</b> b Tax-exempt interest. Do not include on line 8a <b>8b</b> 9a Ordinary dividends. Attach Schedule B if required <b>9a</b> b Qualified dividends <b>9b</b> 10 Taxable refunds, credits, or offsets of state and local income taxes <b>10</b> 11 Alimony received <b>11</b> 12 Business income or (loss). Attach Schedule C or C-EZ <b>12</b> 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <b>▶</b> <b>13</b> 14 Other gains or (losses). Attach Form 4797 <b>14</b> 15a IRA distributions <b>15a</b> b Taxable amount <b>15b</b> 16a Pensions and annuities <b>16a</b> b Taxable amount <b>16b</b> 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E <b>17</b> 18 Farm income or (loss). Attach Schedule F <b>18</b> 19 Unemployment compensation <b>19</b> 20a Social security benefits <b>20a</b> b Taxable amount <b>20b</b> 21 Other income. List type and amount <b>21</b> 22 Combine the amounts in the far right column for lines 7 - 21. This is your total income <b>▶ 34,603</b>																																		
<b>Adjusted Gross Income</b> 23 Educator expenses <b>23</b> 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ <b>24</b> 25 Health savings account deduction. Attach Form 8889. <b>25</b> 26 Moving expenses. Attach Form 3903. <b>26</b> 27 Deductible part of self-employment tax. Attach Schedule SE <b>27</b> 28 Self-employed SEP, SIMPLE, and qualified plans <b>28</b> 29 Self-employed health insurance deduction <b>29</b> 30 Penalty on early withdrawal of savings <b>30</b> 31a Alimony paid b Recipient's SSN <b>31a</b> 32 IRA deduction <b>32</b> 33 Student loan interest deduction <b>33</b> 34 Tuition and fees. Attach Form 8917 <b>34</b> 35 Domestic production activities deduction. Attach Form 8903 <b>35</b> 36 Add lines 23 through 35 <b>36</b> <b>NONE</b> 37 Subtract line 36 from line 22. This is your adjusted gross income <b>▶ 34,603</b>																																		



Form 1040 (2016) TAMESHA S NIXON

FTY10072.ACR 200 2016.08

Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	34,603
	39 a	Check if: <input type="checkbox"/> You were born before January 2, 1952. <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952. <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,300
	41	Subtract line 40 from line 38	41	25,303
	42	Exemptions. If line 38 is \$158,650 or less, multiply \$4,050 by the number on line 42. Otherwise, see instructions.	42	8,100
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	17,203
	44	Tax (see instr). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,921
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45 and 46	47	1,921
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	750
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	1,000
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	1,750
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	171
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8819	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	171
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	2,300
	65	2016 estimated tax payments and amount applied from 2015 return	65	
	66 a	Earned income credit (EIC)	66a	2,111
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 6868 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,411
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,240
	76 a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,240
	b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/>		
Direct deposit? See instructions	77	Amount of line 75 you want applied to your 2017 estimated tax	77	
<b>Amount You Owe</b>	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)	79	NONE

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **Janet McCollum** Phone no. **(708) 890-2733** Personal identification number (PIN) **22667**

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature  Date  Your occupation **DOORMAN** Daytime phone number

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent you an Identity Protection Pin, Enter it here

**Paid****Preparer Use Only**

Print/type preparer's name **Tracie Batts** Preparer's signature  Date  Check ☐ if self-employed PTIN **P08509500**

Firm's name **Jackson Hewitt Tax Service** Firm's EIN **81-3565985**

Firm's address **515 Burnham Avenue Calumet City IL 60409** Phone no. **(708) 832-9020**

**DEPOSIT TO HOLD PROPERTY**

Date 20th of April, 2016

Property Address: 362 Crandon #2 - Calumet City, Il. 60409

Applicant(s) Name: Tanesha Nixon

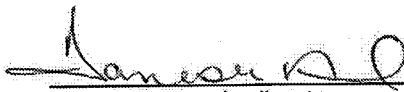
The above named applicant(s) has been accepted to occupy the premises listed above. A deposit of \$ 1000.00 has been paid to reserve the right to take possession of the premises at the above address.

This deposit will hold the premises until 15th day of May, 2016, or sooner (hereinafter referred to as the "Move-in date") when applicant(s) will take possession. **If applicant(s) do not take possession for any reason by the above date, the deposit becomes NON-REFUNDABLE** (note: If the "Move-in date" is delayed because the Landlord is unable to give possession, the deposit will hold the premises until the earliest date the Landlord is able to give the Applicant possession.)

The applicant will also be held accountable for days the premises were held that are not covered by the deposit as well as be responsible for additional advertising costs required to re-rent the premises.

If the applicant will be executing a "Option to Purchase" or "Land Contract" for the property listed above, the deposit stated above will be fully applied toward and become part of the **initial consideration** stated in the "Option to Purchase" or "Land Contract" agreement. These documents are made a part hereof by reference. Should the applicant(s) default on the "Option to Purchase" or "Land Contract" for any reason the deposit becomes NON-REFUNDABLE.

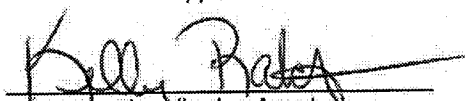
If the applicant is strictly leasing the property, the deposit stated above will be fully applied toward and become part of the security deposit stated in the lease agreement. These documents are made a part hereof by reference.

  
Applicant

  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

  
Landlord or Agent

  
Date

CHECKS CASHED • CAMBIAMOS CHEQUES  
 REPUBLIC BANK OAK BROOK, ILLINOIS  
 VISA® PREPAID DEBIT CARDS

70-118  
 710



1431 OBAMA DRIVE - CALUMET PARK, IL 60827  
 TO VERIFY - CALL (708) 385-2931

REPUBLIC BANK  
 OAK BROOK, ILLINOIS

CC074

Open 24 Hours - We Never Close  
 Abierto 24 Horas - Nunca Cerramos

9074490189  
 6/24/2016

REMITTER

PAY TO THE  
 ORDER OF

\$666.00

SIX HUNDRED FIFTY AND NO/100 U.S. Dollars



NOTICE TO HOLDER: DRAWEE NOT LIABLE ON STOP PAYMENT.  
 • NO REPLACEMENT FOR 30 DAYS FROM PURCHASE. RE-ISSUE FEE APPLIES.  
 • PURCHASER AGREES TO INSERT NAME OF PAYEE AND IS SOLELY RESPONSIBLE FOR FAILURE TO DO SO.  
 NO REFUND WITHOUT YELLOW RECEIPT

NON-NEGOTIABLE



Sibley Blvd. at  
 the Calumet Expressway  
 Currency Exchange, Inc.

STATE  
 REGULATED

Sibley Blvd. at  
 the Calumet Expressway  
 Currency Exchange, Inc.

15010 Michigan City Road • Dolton, IL 60419  
 Phone: (708) 841-3130 • Fax: (708) 841-3152

REPUBLIC BANK  
 Oakbrook, Illinois  
 70-118/710

**MONEY ORDER**

CHECKS CASHED • PHONE, GAS, LIGHT,  
 WATER AND CABLE BILLS ACCEPTED FOR  
 RAPID PAYMENT • NOTARY PUBLIC AUTO  
 LICENSE SERVICE • INSURANCE • EXPERT  
 IN LICENSE SERVICE

No. A 805241

REMITTER

PAY TO THE  
 ORDER OF

\$1,000.00

One Thousand And 00/100 U.S. Dollars

Printed in Blank - No Refund If Lost Or Stolen Not Valid Over \$1000 • Fee \$0.75 #805241 SLB

REPLACEMENT OF THIS INSTRUMENT, IF NECESSARY, WILL BEGIN 30 DAYS AFTER THE  
 PURCHASE DATE. THERE WILL BE A FEE CHARGED FOR THIS SERVICE.  
 THE PURCHASER OF THIS INSTRUMENT AGREES TO INSERT THE NAME OF THE PAYEE AND  
 ASSUMES TOTAL RESPONSIBILITY FOR ANY EVENTS MADE POSSIBLE BY FAILURE TO DO SO.

NON-NEGOTIABLE

THE FACE OF THIS DOCUMENT HAS A VOID PANTOGRAPH AND A MICROPRINT BORDER. ADDITIONAL SECURITY FEATURES LISTED ON BACK.

#805241 90710011801 4500000079



Sibley Blvd. at  
 the Calumet Expressway  
 Currency Exchange, Inc.

STATE  
 REGULATED

Sibley Blvd. at  
 the Calumet Expressway  
 Currency Exchange, Inc.

15010 Michigan City Road • Dolton, IL 60419  
 Phone: (708) 841-3130 • Fax: (708) 841-3152

REPUBLIC BANK  
 Oakbrook, Illinois  
 70-118/710

**MONEY ORDER**

CHECKS CASHED • PHONE, GAS, LIGHT,  
 WATER AND CABLE BILLS ACCEPTED FOR  
 RAPID PAYMENT • NOTARY PUBLIC AUTO  
 LICENSE SERVICE • INSURANCE • EXPERT  
 IN LICENSE SERVICE

No. A 804764

REMITTER

PAY TO THE  
 ORDER OF

\$30.00

Thirty And 00/100 U.S. Dollars

Printed in Blank - No Refund If Lost Or Stolen Not Valid Over \$40 • Fee \$0.75 #804764 SLB

REPLACEMENT OF THIS INSTRUMENT, IF NECESSARY, WILL BEGIN 30 DAYS AFTER THE  
 PURCHASE DATE. THERE WILL BE A FEE CHARGED FOR THIS SERVICE.  
 THE PURCHASER OF THIS INSTRUMENT AGREES TO INSERT THE NAME OF THE PAYEE AND  
 ASSUMES TOTAL RESPONSIBILITY FOR ANY EVENTS MADE POSSIBLE BY FAILURE TO DO SO.

NON-NEGOTIABLE

THE FACE OF THIS DOCUMENT HAS A VOID PANTOGRAPH AND A MICROPRINT BORDER. ADDITIONAL SECURITY FEATURES LISTED ON BACK.

#804764 90710011801 9500000079

**RECEIPT**

No. 349608

DATE

7/8/16

FROM

Tanesha Nixon

\$650.00

Six hundred fifty and 00/100 DOLLARS

FOR RENT

FOR Security Deposit - Balance

# EXHIBIT B

# CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.

1G6KS54YX2U254913

YEAR

2002

MAKE

CADILLAC

MODEL

SEVILLE SLS

BODY STYLE

4 DOOR

TITLE NO.

16165688325

1G6KS54YX2U254913

DATE ISSUED

06/13/16

ODOMETER

CCM

MOBILE HOME SQ. FT.

PURCHASED

04/30/16

USED

TYPE TITLE

ORIGINAL

MAILING ADDRESS

LEGEND(S)



MILEAGE NOT REQUIRED

TANESHA NIXON  
4129 CAMBRIDGE CIR  
COUNTRY CLUB HILLS IL 60478-4838

OWNER(S) NAME AND ADDRESS

TANESHA NIXON  
4129 CAMBRIDGE CIR  
COUNTRY CLUB HILLS IL 60478-4838



FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

## RELEASE OF LIEN

The Lienholder on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

First Name

By

Signature of Authorized Agent

Date

First Name

By

Signature of Authorized Agent

Date

**NEW LIEN ASSIGNMENT:** The information below must be on an application for title and presented to the Secretary of State.

Secured Party:

Address:

**Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.**

## ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

- ☐ 1. The mileage stated is in excess of its mechanical limits.  
☐ 2. The odometer reading is not the actual mileage.

**WARNING-ODOMETER DISCREPANCY.**

"If this vehicle is one of more than 5 commercial vehicles owned by me, I certify also that the vehicle is not damaged in excess of 33 1/3% of its fair-market value unless this document is accompanied by a salvage application."

ODOMETER READING

NO  
TENTHS

Signature(s) of Seller(s)

Printed Name(s) of Seller(s)

I am aware of the above odometer certification made by seller.

DATE OF SALE

Signature(s) of Buyer(s)

Printed Name



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any  
 IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF  
 THE STATE OF ILLINOIS AT SPRINGFIELD

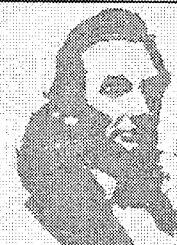
CONTROL NO.

M5979886



*Jesse White*

JESSE WHITE, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.